15/5/2010

INS. CASE OWNER: CC 3 /AIG1800 0609 / Dwb3

LKK:

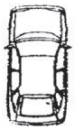
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 04/1/18 Date / Time : 9/1/18

Registered in Merimen: 10/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 1886C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/1/18

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

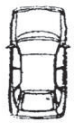
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

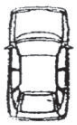
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

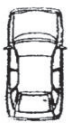
SHA 84U → → →



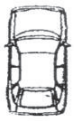
INSRS: LDUE
WSP: LY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 84U SKW1886C-4

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

RER:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	◯

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 89 U Y-Regn: 2013 June

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Mercedes Benz E220 cc: 2143

Colour: White A/C: Insured / Std / NI / NA

Sp Reading: 727437 T Radio: Insured / Std / NI / NA

Eng No: 65192431495687

C No: WDD2120022A727736

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 205/60 R16

R: —"—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Bridgestone

Front			Rear		
R.Bal.	5	mm	R.Bal.	5	mm
L.Bal.	5	mm	L.Bal.	5	mm

D.O.A. 08/01/2018 D.O.I. 09/01/2018

Survey held at: CDGB Loyang

Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or Rev

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

AIG SKW 1886C

Date/Time File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp $

☐ Interview $

☐ Technical $

☐ Weekend $

Photos

Others

Report Format:

Lump Sum / I.B.I: $

TOTAL

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 08.01.2018 16:24 Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305105046

STOMER

'MS CITYCAB PTE LTD

STOMER NO. 7010070

)RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

. (R) (O)

(P)

COUNT CARD NO.

REGN NO.: SHA 89U	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E5)	DATE/TIME IN 08.01.2018 14:00
YR OF MANU. 06.06.2013	TARGET DATE
CHASSIS CODE WDD2I20022A727736	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.01.2018
NATURE: 3P 08.01.18

S/NO	LABOR CODE	DESCRIPTION

ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
e No.: SHA 89U LIMTS

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 89U

Name of Service Advisor

Date

To be kept by Security Guard